1				Application or Docket Number										
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			10/785,576						,					
RC CLAIMS AS FILED - PART I														-
I	TOTAL CLA	,		umn 1)		(Column 2)		TYPE		ENTITY		OTHER THAN OR SMALL ENTITY		
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╟	FOR			NUMBER FILED		NUMBER EXTRA		BASIC F		395	ম্ব	RBASIC		FEE 90,00
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Ľ	MULTIPLE DEPENDENT CLAIM PR							+180	7		-10	-	-	
٠	If the differen	nce in column 1	is less than	s than zero, enter "0" in column 2					_	0.0				
			TOTA	- E	95,4	O								
r	(Column 1)			MENDED - PART II (Column 2) (Column 3)				SMAL	L E	TITY	OF		ER TH	
AMENDMENTA	3/28/2	REMAINING	;	HIGHE NUMB	ER	PRESENT	۱ ۲	· ·		ADDI-	7			DDI-
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL OR TOTAL OR TOTAL													4	
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